

along DD, PS and NPS categories; On the contrary, the proportion of negative subjects increased lineally along those categories (Mante-Haenszel- $X^2=18.02$; $p=0.0001$). Our results question, on the bases of an empirical study, the current categorical division of paranoid psychoses.

S35.04

Long-term outcome of schizophrenia

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Over the past two decades schizophrenia has become more treatable than ever before. A new generation of drug therapies, a renaissance of psychological and psychosocial interventions and a first generation of reform within the specialist mental health system have combined to create an evidence-based climate of realistic optimism. Progressive neuroscientific advances hold out the strong possibility of more definitive biological treatments in the near future. However, this improved potential for better outcomes and quality of life for people with schizophrenia has not been translated into reality in Spain. The efficacy-effectiveness gap is wider for schizophrenia than any other serious medical disorder. Therapeutic nihilism, under-resourcing of services and a stalling of the service reform process, poor morale within specialist mental health services, a lack of broad-based recovery and life support programs, and a climate of tenacious stigma and consequent lack of concern for people with schizophrenia are the contributory causes for this failure to effectively treat. This presentation tackle these various elements in the endeavour to reduce the impact of schizophrenia, particularly in long-term care elderly patients.

S36. Symposium: STATE OF THE ART OF PSYCHODYNAMIC PSYCHOTHERAPY FOR PERSONALITY DISORDERS

S36.01

The short-term treatment of narcissistic and other self-disorders

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The term narcissism when used clinically, is broad and its boundaries are diffused. Freud first referred to narcissism to describe a libidinal position in which cathexes were invested in the subject's own ego and not in objects. Dynamically, significant advances have been made in the clarification of the metapsychological dimensions of narcissistic disorders. Two authors, Otto Kernberg (1984, 1986, 1998) and Heinz Kohut (1971, 1977), have advanced well-developed metapsychologies for these disorders and proposed comprehensive techniques for their treatment through appropriately modified psychoanalytically based interventions. In both cases, treatment is deemed to be plagued by problems, to last long, and to result in uncertain outcomes. The metapsychological clarity achieved by authors such as Kohut and Kernberg has so far not generated a proportionate therapeutic optimism.

In this paper, a review will be presented of the current status of the outcome of the treatment, through short-term dynamic

psychotherapy, of a spectrum of psychoneurotic disorders, with special emphasis on the treatment of patients suffering from syndromes that reflect complex dynamic constellations resulting from the interaction of impulse problems and problems of object loss at key developmental moments, which affect the patient's relationships with developmentally key objects. Also presented will be techniques derived from this framework for the treatment of patients suffering from a range of narcissistic disorders, including Narcissistic Personality Disorder, as well as innovative techniques designed by the author to meet the unique treatment needs of self-disordered patients in shorter time frames than are common in the classically open-ended psychodynamic technique.

S36.02

Mentalizing techniques in the treatment of borderline personality disorder

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Mentalization is the process by which we implicitly and explicitly interpret the actions of ourselves and others as meaningful on the basis of intentional mental states (e.g., desires, needs, feelings, beliefs, and reasons). The capacity develops during childhood within the context of an attachment relationship. It is suggested that the borderline patient shows a reduced capacity to mentalize and that this has resulted from disruption of the attachment relationship because of adverse interaction between biological and environmental factors.

We mentalize interactively and emotionally when with others. Each person has the other person's mind in mind (as well as their own) leading to self-awareness and other awareness. We have to be able to continue to do this in the midst of emotional states but borderline personality disorder is characterised by a loss of capacity to mentalize when emotionally charged attachment relationships are stimulated. This leads to misinterpretations about the motives of others, difficulty in managing emotional states, and self-destructive behaviour as the individual seeks some stability and tries to re-gain some mentalizing capacity. Therapy has to help a patient develop and maintain mentalizing even when emotional states are aroused. Some therapeutic techniques will be described to aid this process and some principles discussed which guide the naïve therapist on when to give which intervention.

S36.03

Short term psychotherapy in borderline personality disorders

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The treatment of Borderline personality disorders continues to be a challenge for psychotherapists, because it is difficult to predict the successful clinical outcomes.

Scientific evidence about the efficacy of the long term psychodynamic oriented psychotherapy in Borderline personality disorders is now available. Nevertheless, it is necessary to look for effective types of psychodynamic psychotherapy which could be delivered in a limited or short time. The reason is that the long term psychotherapies are not accessible for the majority of borderline patients. The scientific literature about short term dynamic psychotherapy in borderline personality disorders is scarce.

The short term dynamic psychotherapy for this kind of patients sets out some practical and theoretical controversies:

- It is difficult to establish a therapeutic attachment, which has to be solved in a limited time avoiding an iatrogenic proceeding. It is due to the difficulty of this patients to have an enough symbolic representation of the therapist and the therapeutic relationship.
- It is difficult to establish the treatment objectives around a focus in the psychotherapy.
- The management of temporality, both in the own past time and in the future is difficult for this patients.

Nevertheless, we support the possibility to put into practice short term psychodynamic psychotherapy in a number of selected patients. We discuss the technical adaptations that would be necessary: to include supportive elements, to limit the interpretation, to increase the mentalization capacity with an active position of the therapist or to focus in the difficulties with the object relationships.

S36.04

Results of a brief crisis program for people with borderline personality disorders

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Several well designed studies have shown a reduction of significant symptoms in patients with borderline personality disorder on inpatient or day hospital basis with cognitive-behavioural or dynamic medium length programs.

In present study we assess the socio-demographic and clinical variables that predict the evolution of 90 patients (60 BPD) who attended a Day Program with a dynamic approach based on the theory of object relations, during 66 days average stay.

Group therapy is part of a multidimensional programme, including the prescription and control of medication, offering a range of corrective experiences which allow the modification of the symptoms of the patient, his or her social adaptation and, ideally, their relationship structures.

Favourable results have been found in patients with borderline personality disorders when compared to those of patients with other diagnoses and with their status during the year preceding their admission to the hospital program.

Co-morbidity, substance abuse, early onset of the symptoms, bad social adjustment and other clinical and social variables were detected as poor outcome predictors.

W11. Workshop: DYGYRIFICATION IN PSYCHOTIC DISORDERS: ITS FUNCTIONAL SIGNIFICANCE AND MOLECULAR FOUNDATIONS

W11.01

Dysgyrification in psychotic disorders: Its functional significance and molecular foundations

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There is an ongoing search for suitable endophenotypic parameters in schizophrenia. Neuroimaging evidence suggests that there is

a disturbance of the frontal gyrification pattern in schizophrenia. Interestingly, this disturbance is correlated to cognitive deficits and negative symptoms. Furthermore it is interesting to note that there are new developmental disorders like the Williams Syndrome being accompanied by disturbed gyrification where the exact mutation is already known. The aim of this symposium is to gather the knowledge about disturbed gyrification in psychosis which is very likely to be a future endophenotypic marker to monitor persons at-risk and possible even the long-term cause of the illness.

W11.02

Automatic assessment of brain gyrification in patients

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Background: The most striking, yet poorly understood morphological features of the human cerebral cortex are the complex arrangements of its foldings: the sulci and gyri. Cortical gyrification is formed during fetal age and childhood. Thus, indices measuring the folding pattern could provide cues for the neurodevelopmental pathopsychology.

Method: A fully-automated method was applied to T1 magnetic resonance images to extract, label and measure the sulcus area in the whole cortex. Gyrification was assessed using both global and local sulcal indices, defined respectively as the ratio between the total sulcal area, or the area of each labeled sulcus, and the outer cortex area.

Results: As a validation, MRI datasets in controls showed that handedness modify the folding of the motor area in dominant hemisphere (Mangin 2004), and differences in left and right superior temporal sulci which may stem from language-based asymmetries (Ochiai 2004). In a sample of schizophrenia patients with treatment-resistant auditory hallucination, global sulcal surface index was decreased, and local sulci surface indices differed in language-related regions. Further analyses are performed in samples from various MR datasets. Statistics on such measurements should generalize across patients and hospitals.

Conclusion: The potential of the gyrification pattern for the neuro-image-based inference of developmental deviation will be examined.

W11.04

What is the functional consequence of disturbed gyrification of the human brain?

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